



CHARLOTTESVILLE T'AI CHI CENTER
International Cheng Ming Martial Arts Association, East Coast

Registration and Release Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (day): _____ Phone (night): _____

E-mail: _____

Birth Date: _____

(Optional)

Class(es) you wish to take: _____

Reason for taking this class: _____

Any injuries or conditions: _____

How did you know about the class? _____

I understand that my instructor will create a safe environment to learn T'ai Chi Ch'uan and Ch'i Kung and related Internal Martial Arts. I also understand that there is risk of injury in all martial arts training, and I agree to be solely responsible for my actions during and in connection with this class.

I hereby release, indemnify and hold harmless Charlottesville T'ai Chi Center and its instructor, and the classroom facility from any and all claims, demands, costs, charges, and expenses for harm, injury, damage or loss that might be sustained by me as a result of or relating to participation in this class.

Signature

Date

HTC Use Only **Registered:** ___/___/___ **Amount:** _____ **Paid:** ___/___/___

___ 6 class card ___ 12 class card ___ 24 class card ___ 36 class card

___ 3 Class Offer ___ 2 Wks Free ___ Drop-in ___ Specialized Class